STANDARD AGREEMENT

STD. 213 (NEW 02/98)

			AGREEMENT NUMBER	
			03-	
1.	This Agreement is entered into between the State Agency and the Contractor named below			
	STATE AGENCY'S NAME	-		
	Department of Mental Health			
	CONTRACTOR'S NAME			
2.	The term of this			
	Agreement is: July 1, 2003 through June 3	0, 2004		
3.	The maximum amount \$			
	of this Agreement is:			
4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference.				
	a part of the Agreement:	-		
	Exhibit A – Scope of Work	Page(s)		
	Exhibit B - Budget Detail and Payment Provision	Page(s)		
	* Exhibit C – General Terms and Conditions	GTC 201	2/20/01	
		(Number)	(Dated)	
	Exhibit D – Special Terms and Conditions	Page(s)		
	Exhibit E – Additional Provisions	Page(s)		

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) BY (Authorized Signature) PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED	CONTRACTOR		CALIFORNIA Department of General Services Use Only
PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED	CONTRACTOR'S NAME (If other than an individual, state whether a corp	*	
PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED			
PRINTED NAME AND TITLE OF PERSON SIGNING ADDRESS STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED	BY (Authorized Signature)	DATE SIGNED	
ADDRESS STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED			
STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED	PRINTED NAME AND TITLE OF PERSON SIGNING		
STATE OF CALIFORNIA AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED			
AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED	ADDRESS		
AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED			
AGENCY NAME Department of Mental Health BY (Authorized Signature) DATE SIGNED			
Department of Mental Health BY (Authorized Signature) DATE SIGNED	STATE OF CALIFORNIA		
BY (Authorized Signature) DATE SIGNED	AGENCY NAME		
	Department of Mental Health		
	BY (Authorized Signature)	DATE SIGNED	
PRINTED NAME AND TITLE OF PERSON SIGNING	PRINTED NAME AND TITLE OF PERSON SIGNING		
WILLIAM AVRITT, Acting Deputy Director, Administrative Services			
ADDRESS			
1600 9th Street, Sacramento, CA 95814	1600 9th Street, Sacramento, CA 95814	Exempt per	

^{*}View at www.dgs.ca.gov/contracts